	PATENT A	RD		10/613660									
Effective January 1, 2003									STIV - 7 7 (28)				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	YTITY	OR	OTHER SMALL		
TO	TAL CLAIMS		45					RATE	FEE	1	RATE	FEE	
FO	R		NUMBER F	ILED	NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			45 min	us 20=	. 25			X\$ 9=		OR	X\$18=	450	
INDEPENDENT CLAIMS			ζ mir	nus 3 =	Φ			X42=		OR	X84=	7.36	
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					1140-	-		+280=		
* If the difference in column 1 is less than zero, enter *0* in column 2								+140=		OR		12.00	
. CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL OTHER	1200	
4/12/06 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 39	euniM	** 6	15	2		X\$ 9=		OR	X\$18=		
ME	Independent + 3		Minus			•		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
1 16 31								TOTAL			TOTAL		
8/28 (56 (Column 1) (Column 2) (Column 3)								ADDIT. FEE	<u> </u>	JUN	ADDIT. FEE		
		CLAIMS		HIGH	EST		1		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	. 39	Minus	##	45	œ	-	X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MI	Minus	ENDEN	S CLAIM	<u> •</u>		X42=		OR	X84=		
_	7 HOT FILESE	TOTAL OF IMA	JETH CE OC.	LINGEIN			ļ	+140=		OR	+280=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
¥0Z	Total	•	Minus	99		=		X\$ 9=		OR	X\$18=		
ME	Independent	٠	Minus	444		=		X42=			. X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	—		
	If the establishment		hata: !t	0	a 100 t	a		+140=		OR	+280=	•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **TOTAL ADDIT. FEE													
		mber Previously Pa iber Previously Pa					er fc	und in the ap	propriate bo	x in co	dumn 1.		

Application or Docket Number